11/01/2012 15 : 57 Image# 12961231290

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

| To Be Used by Persons (Other than Political Committees) including Qualified Nonpro | ofit Corporations |
|--|--|
| (a) Name of Individual, Organization or Corporation WISCONSIN FAMILY ACTION INC | |
| WISCONSIN FAMILT ACTION INC | |
| (b) Address (number and street) | |
| 222 S HAMILTON ST STE 24 | |
| (c) City, State and ZIP Code | 3. FEC Identification Number |
| MADISON WI 53703 | |
| 2. Corporate filers only | C C90013947 |
| Is the filer a qualified nonprofit corporation? X Yes N | 0 |
| Individual filers only Name of Employer | Occupation |
| | |
| 4. TYPE OF REPORT (check appropriate boxes): | |
| (a) April 15 Quarterly Report | |
| | |
| ☐ July 15 Quarterly Report ☑ 24-Hour Report | |
| October 15 Quarterly Report | |
| January 31 Year-End Report 48-Hour Report | |
| | |
| | |
| b) Is this Report an amendment? Yes No 🔀 | |
| 5. COVERING PERIOD: FROM | |
| 10 31 2012 | |
| THROUGH | |
| 11 01 2012 | |
| 6 TOTAL CONTRIBUTIONS | |
| 6. TOTAL CONTRIBUTIONS | 1066.49 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 1668.87 |
| | 1000.07 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, con- | sultation or concert with or at the request or |
| suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commi | In addition, (if the independent expenditures reported |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE [Electronically Filed] |
| JUDITH BRANT JUDITH BRANT | 11/01/2012 |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this r | eport to the penalties of 2 U.S.C. §437g. |

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC **Schedule 5** (REV. 09/2005)

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 2 OF 4

| The information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF FILER (in Full) VINSCONSIN FAMILEY ACTION INC FUIL Name (Last, First, Middle Initial) FLORIDA FAMILEY ACTION Mailing Address 4853 S ORANGE AVE City State Zip Code FEC ID number of contributing federal political committee. FUI Name of Employer Occupation FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code | | | | | |
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| 1066 40 | | С | | | |
| SUBTOTAL of Receipts This Page (optional) | Name of Employer | Occupatio | n ' | | |
| | SUBTOTAL of Receipts This Page (options | al) | 1066.49 | | |
| TOTAL This Paried (lost page corp. total to Line 6) | . 3 (4) | · | | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4 FOR LINE 7 OF FORM 5

| NAME OF FILER (In Full) WISCONSIN FAMILY ACTION INC | |
|--|--|
| | |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| ANGLER, LLC | M - M / D - D / Y - Y - Y - Y |
| Mailing Address 1100 G ST NW | 11 01 2012 |
| SUITE 805 | Amount |
| City State Zip Code | 301.19 |
| WASHINGTON DC 20005 | Transaction ID : F57.000001 |
| Purpose of Expenditure ADVERTISING: LIVE PHONE CALLS Category/ Type 004 | Office Sought: House State: |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY | Check One: District: Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2012 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| ANGLER, LLC | M M / D D / Y Y Y Y |
| Mailing Address | 11 01 2012 |
| 1100 G ST NW SUITE 805 | Amount |
| City State Zip Code | 20110 |
| WASHINGTON DC 20005 | 301.19 Transaction ID : F57.00002 |
| Purpose of Expenditure ADVERTISING: LIVE PHONE CALLS Category/ Type 004 | Office Sought: House State: WI |
| Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY THOMPSON | President District: Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2012 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| FLORIDA FAMILY ACTION | M = M / D = D / Y = Y = Y |
| Mailing Address 4853 S ORANGE AVE | 10 31 2012 |
| | Amount |
| City State Zip Code | 533.24 |
| ORLANDO FL 32806 | Transaction ID : F57.000003 |
| Purpose of Expenditure ADVERTISING: PERSONNEL FOR LIVE PHONE CALLS-IN Category/ Type 004 | Office Sought: House State: |
| KIND | Senate President District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY | Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2012 Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 1135 <u>.</u> 62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • |
| (c) TOTAL Independent Expenditures | • |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4 FOR LINE 7 OF FORM 5

| IAME OF FILER (In Full) | | | | | |
|--|---------------------|-----------------------|-----------------------------------|-------------------|---------------------|
| WISCONSIN FAMILY ACTION INC | | | | | |
| | | | | | |
| Full Name (Last, First, Middle Initial) of Pa | ıyee | | Date | | |
| FLORIDA FAMILY ACTION | | | 10 | 31 | 2012 |
| Mailing Address 4853 S ORANGE AVE | | | 10 | 31 | 2012 |
| | | | Amount | | |
| City | State | Zip Code | | | 533.25 |
| ORLANDO | FL | 32806 | Transaction | ID : F57.0000 | 004 |
| Purpose of Expenditure ADVERTISING: PERSONNEL FOR LIVE F KIND | HONE CALLS-IN | Category/ Type 004 | Office Sought: | House Senate | State: WI District: |
| Name of Federal Candidate Supported or TOMMY THOMPSON | Opposed by Expendi | iture: | Check One: | President Support | Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | .00 | Disbursement For: 2012 Other (spe | Primary | General |
| Full Name (Last, First, Middle Initial) of Pa | ıyee | | Date | | |
| | | | M = M | D D / | Y |
| Mailing Address | | | | | |
| | | | Amount | | |
| City | State | Zip Code | | | |
| | | | | | |
| Purpose of Expenditure | | Category/ | Office Sought: | House | State: |
| | | Type | | Senate | |
| Name of Federal Candidate Supported or | Opposed by Expendi | iture: | | President | District: |
| | | | Check One: | Support | Oppose |
| Calendar Year-To-Date Per Election | | | Disbursement For: | Primary | General |
| for Office Sought | | A | Other (spe | | |
| Full Name (Last, First, Middle Initial) of Pa | iyee | | Date | | |
| | | | M = M | / D D / | Y |
| Mailing Address | | | | | |
| | | | Amount | | |
| City | State | Zip Code | | 7 | |
| Purpose of Expenditure | | Category/ | Office Sought: | House | State: |
| | | Type | | Senate | District: |
| Name of Federal Candidate Supported or | Opposed by Expendi | iture: | | President | |
| | | | Check One: | Support | Oppose |
| Calendar Year-To-Date Per Election | | | Disbursement For: | Primary | General |
| for Office Sought | | // | Other (spe | ecify) | <u> </u> |
| I. | | | | | |
| (a) SUBTOTAL of Itemized Independent Ex | cpenditures | | • | 7 | 533.25 |
| (A) CURTOTAL of Hellers 1.1.1 | Francis all transit | | | | |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | . • | 7 | |
| (c) TOTAL Independent Expenditures | | | | | 4000.07 |
| (carry total from last page forward | | | . • | | 1668.87 |